

**PART B—ISSUE FEE TRANSMITTAL**

**MAILING INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advances orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block below; or (b) providing the PTO with a separate **FEES ADDRESS** for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

<b>CORRESPONDENCE ADDRESS</b> <i>PAT. &amp; TRADE</i>	2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)	
	INVENTOR'S NAME	Gary R. Grotendorst
	Street Address	18401 Tomlinson Drive
	City, State and ZIP Code	Lutz, Florida 33549
	CO-INVENTOR'S NAME	Douglas M. Bradham, Jr.
	Street Address	44 Acorn Circle, #202
	City, State and ZIP Code	Baltimore, MD 21204
	<input type="checkbox"/> Check if additional changes are on reverse side	

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
05/167,628	12/14/93	004	SPECTOR, L	1812 08/03/94
First Named Applicant	GROTENDORST, GARY R.			

**TITLE OF INVENTION:**  
A NOVEL CONNECTIVE TISSUE GROWTH FACTOR (CTGF)  
(AS AMENDED)

	ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
1	DDI 294	500-099.000	D18	UTILITY	YES	\$505.00	11/03/94

3. Correspondence address change (Complete only if there is a change)	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.
Lisa A. Haile SPENSLEY HORN JUBAS & LUBITZ 4225 Executive Square, Ste. 1400 La Jolla, CA 92037 Telephone (619) 455-5100	1 _____ 2 _____ 3 _____

DO NOT USE THIS SPACE

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)	6a. The following fees are enclosed: <input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advanced Order # of Copies 10 6b. The following fees should be charged to: DEPOSIT ACCOUNT NUMBER 19-3725 (ENCLOSED PART C) <input type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advanced Order - # of Copies 10 <input type="checkbox"/> Any Deficiencies in Enclosed Fees
(1) NAME OF ASSIGNEE: University of South Florida	(Minimum of 10)
(2) ADDRESS: (CITY & STATE OR COUNTY) 4202 East Fowler Av., Tampa, FL 33625	
(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION	

This application is NOT assigned.

Assignment is being previously submitted to the Patent and Trademark Office.  
 Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.

**PLEASE NOTE:** Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Signature of party in interest of record)  
*Lisa A. Haile* (Date)  
11/3/94  
NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

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PART C—CHARGE TO DEPOSIT ACCOUNT

1. CORRESPONDENCE ADDRESS

LINE A. FUNDAMENTAL RESEARCH  
GREENSBORO, NORTH CAROLINA  
SUITE 200  
1050 REEDLEY PARK ROAD  
LOS ANGELES, CALIFORNIA 90067

LINE B. LONG BEACH

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
00167-600-100	NOV 7 1994	004	EFFECTIVE L	11/12/94
First Named Applicant	GENENTECH INC., Redwood City, CA 94034	CARY P.		

TITLE OF  
INVENTION  
A NOVEL CONNECTIVE TISSUE GROWTH FACTOR (CTGF)  
(AS AMENDED)

	ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
	00167-600-100	500-300-000	010	UTILITY	YES	\$100.00	11/12/94

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2b. The following fees should be charged to: _____ (Minimum of 10)
DEPOSIT ACCOUNT NUMBER _____
<input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advanced Order - # of Copies _____ 10
<input type="checkbox"/> Any Deficiencies in Enclosed Fees _____ (Minimum of 10)
The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.
(Signature of party in interest of record)
<i>Lisa A. Haile</i>
(Date)
11/13/94

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D. 104-1244  
 J. T. J. F. B.  
 #37

**1. CORRESPONDENCE ADDRESS**

Lisa A. Haile  
 SPENSLEY HORN JUBAS & LUBITZ  
 4225 Executive Square, Ste. 1400  
 La Jolla, CA 92037

**2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)**

**INVENTOR'S NAME**

Gary R. Grotendorst

**Street Address**

18401 Tomlinson Drive  
 Lutz, Florida 33549

**CO-INVENTOR'S NAME**

Douglas M. Bradham, Jr.

**Street Address**

44 Acorn Circle, #202  
 Baltimore, MD 21204

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08/167,628	12/14/93	004	SPECTOR, L	12/12 08/03/94
First Named Applicant	GROTENDORST, LOS.			GARY R. R.

**TITLE OF**

**INVENTION:** A NOVEL CONNECTIVE TISSUE GROWTH FACTOR (CTGF)  
 (AS AMENDED)

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
1 DD1294	530-399.000	D18	UTILITY	YES	\$585.00	11/03/94

**3. Correspondence address change (Complete only if there is a change)**

Lisa A. Haile  
 SPENSLEY HORN JUBAS & LUBITZ  
 4225 Executive Square, Ste. 1400  
 La Jolla, CA 92037  
 Telephone (619) 455-5100

4. For printing on the patent front  
 page, list the names of not more than  
 3 registered patent attorneys or  
 agents OR alternatively, the name of a  
 firm having as a member a registered  
 attorney or agent. If no name is  
 listed, no name will be printed.

1 \_\_\_\_\_  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_

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TW11106	11/17/94	08167628	19-3725 110 242 605.00CH
TW11107	11/17/94	08167628	19-3725 110 561 30.00CH

**5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)**

(1) NAME OF ASSIGNEE: University of South Florida

(2) ADDRESS: (CITY & STATE OR COUNTY)

4202 East Fowler Av., Tampa, FL 33625

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6a. The following fees are enclosed:  
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 (Minimum of 10)

6b. The following fees should be charged to:  
 DEPOSIT ACCOUNT NUMBER 19-3725  
 (ENCLOSED PART C)

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 (Minimum of 10)  
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 Lisa A. Haile 11/3/94  
 (Date)

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